

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">Luera Canary U.S. Attorney Office P.O. Box 197 Montgomery, AL 36101-0197</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-weight: bold; font-size: 1.1em;">7005 1820 0007 7993 3490</p>	<p>A. Signature X <u>Brittney Shockey</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Brittney Shockey</u> C. Date of Delivery <u>5/31/06</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="margin-left: 20px;"><u>2106CU 470.MHT</u> <u>st cmp</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">62</span></p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.                 </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540